



Florida Early Childhood Court Best Practice Standards

November 2019

Table of Contents

	<u>Pg.</u>
Introduction	2
I. Target Population	3
II. Disadvantaged Groups	4
III. Roles and Responsibilities of the Judge/Magistrate	5
IV. Child-Parent Therapy	7
V. Additional Treatment and Social Services	8
VI. Family Time	10
VII. Multidisciplinary Team	11
VIII. Caseloads	13
IX. Monitoring and Evaluation	14

Introduction

In the 1990s, a judge in Miami pioneered the concept of working with a child psychologist and an early childhood expert to collaborate on behalf of young children in the dependency court system. Building on this concept, the national organization ZERO TO THREE developed the “Safe Babies Court Team approach” and has been implementing this approach across the United States. Predicated on empirical evidence, the Safe Babies Court Team approach offers an effective method to altering the trajectory for maltreated children and their families. Jurisdictions throughout Florida have been using this approach during the past several years, referring to it as Early Childhood Court. Similar to impressive national outcomes, jurisdictions in Florida have demonstrated more timely permanency outcomes and a reduction of re-abuse as compared to traditional dependency courts.

Early Childhood Court, like other problem-solving courts, addresses the root causes of justice system involvement through specialized dockets, multidisciplinary teams, and a nonadversarial approach. Offering evidence-based treatment, judicial supervision, and accountability, problem-solving courts provide individualized interventions for participants, thereby reducing recidivism and promoting confidence and satisfaction with the justice system process. Problem-solving courts are one “track” used under the broader umbrella of differentiated case management, which adjusts the allocation of judicial system resources to the needs of individual cases, ensuring the most efficient use of court resources as well as the most effective solutions that promote long-term stability for litigants. Differentiated case management is a method of assigning cases to appropriate case-processing tracks that align with the complexity and individual needs of each case.

The Florida Early Childhood Court Best Practice Standards aim to bring the professionalism and fidelity of the national Safe Babies Court Team approach to Early Childhood Courts throughout the state of Florida. When practical, these standards were developed to mirror the Florida Adult Drug Court Standards, which were approved by the Florida Supreme Court in 2017. The Early Childhood Court standards are based largely on research and analysis that has been conducted on Safe Babies Court Team sites in other states as well as research and analysis of specific early childhood evidence-based interventions.

The development of the Florida Early Childhood Court Best Practice Standards could not have been possible without the leadership of Judge Hope Bristol, Chair of the statewide Dependency Court Improvement Panel and Chair of the Florida Supreme Court Steering Committee on Families and Children in the Court Charge 5 Subcommittee. Members of the Dependency Court Improvement Panel Early Childhood Court workgroup are also recognized for their hard work and dedication. Workgroup members include Judge Alicia Latimore, Judge Mary Polson, Judge Kimberly Todd, Dr. Neil Boris, Dr. Mimi Graham, Kristen Lang, Carrie Toy, and Robin Wright. Finally, many thanks to staff from the Office of the State Courts Administrator for their work on the standards and support of the Steering Committee on Families and Children in the Court and the statewide Dependency Court Improvement Panel.

State of Florida

Early Childhood Court Best Practice Standards

I. Target Population

The target population is abused and/or neglected children ages 0-36 months who are removed from their homes and placed in out-of-home care (relative, non-relative, or foster care homes). Eligibility is based on neuroscience evidence that the first 36 months of life offers a critical window during which a child faces either the greatest risk of “hard wiring” life-long adversity or the greatest opportunity to ensure long-term well-being, depending on the environment and interventions provided.

A. Eligibility and Exclusion Criteria

1. Eligibility and exclusion criteria are defined objectively and specified in writing.
2. The Early Childhood Court team relies on the written objective criteria for participant¹ suitability.
3. Eligibility and exclusion criteria are communicated to potential referral sources, including judges, attorneys, child welfare professionals, and treatment professionals.
4. Early Childhood Court requirements should be fully explained to potential participants prior to inquiring if they would like to participate, including the intensive nature of Early Childhood Court and the requirement to waive hearsay objections to the court receiving and considering different types of written reports.
5. Participation in Early Childhood Court is voluntary. Requests to terminate participation in Early Childhood Court shall be determined by the court on a case-by case basis.

B. Risk and Need

1. Early Childhood Court targets families with children who are at a heightened risk for developmental, physical, and mental health issues due to the combination of the vulnerability associated with very young age and the trauma related to maltreatment that impacts the critical period of brain development.
2. Services are modified to meet the risks and needs of young children and their families.

C. Criminal History Disqualifications

1. Prior or current offenses may disqualify a parent(s) from participation if the evidence demonstrates the parent(s) cannot be managed safely or effectively; however, the history or allegations against one parent need not disqualify a second parent.
2. Based on team input, sex crimes or other aggravated child abuse crimes may be considered as criteria for disqualification.

D. Clinical Disqualifications

1. If adequate treatment is available, potential participants are not disqualified from participation because of co-occurring mental disorders, need for residential treatment, medical conditions, or use of legally

prescribed psychotropic or addiction medication.

¹ The term “participant” is specifically defined in Chapter 39, Florida Statutes. However, as used throughout this document, “participant” instead refers to parents or children in Early Childhood Court cases.

II. Disadvantaged Groups

Individuals from groups who have experienced discrimination or reduced opportunities receive the same opportunities as others to participate and succeed in Early Childhood Court.

A. Equivalent Access

1. Eligibility criteria for Early Childhood Court are nondiscriminatory in intent and impact.
2. The Early Childhood Court must monitor and make adjustments if an eligibility requirement has the effect of restricting access for members of a disadvantaged group.

B. Equivalent Treatment

1. Members of disadvantaged groups receive the same levels of care and quality of treatment as other participants with comparable clinical needs.
2. The Early Childhood Court administers evidence-based treatments that are effective for use with members of disadvantaged groups represented in the Early Childhood Court population.

III. Roles and Responsibilities of the Judge/Magistrate

The Early Childhood Court judge/magistrate is up-to-date on current law and best practices, is a member of the multidisciplinary court team, interacts frequently and respectfully with participants and child caregivers, and gives due consideration to the input of team members. (Note: Best practice standards for “judges” below also include magistrates who preside over Early Childhood Courts.)

A. Professional Training

1. The judge receives training on legal and constitutional issues in Early Childhood Courts, judicial ethics, trauma-responsive courts, evidence-based treatment, and other advances in the Early Childhood Court field.

B. Length of Term

1. The judge presides over the Early Childhood Court for no less than two consecutive years to maintain the continuity of the program and ensure use of current Early Childhood Court best practices.

C. Consistent Docket

1. The judge maintains a regular and separate Early Childhood Court docket, and participants appear before the same judge throughout their participation in Early Childhood Court.

D. Frequency of Status Hearings

1. Participants (both parents and children) appear before the judge for status hearings at least every month.

E. Judicial Demeanor

1. The judge creates a nonadversarial tone by communicating positively and regularly inviting and valuing input from the multidisciplinary team, the parents, and the caregivers.
2. The judge offers supportive comments to participants; stresses the importance of their commitment to treatment, parental responsibilities, and behavior change; and motivates them to successfully complete their case plans.
3. The judge treats each participant with dignity and respect and avoids actions that would trigger additional trauma.

F. Judicial Decision-Making

1. The judges makes all final factual determinations and decisions.
2. The judge makes decisions after considering input from the multidisciplinary team members.
3. The judge considers the input of trained treatment professionals when imposing treatment-related conditions.
4. The court explains the basis for its decisions to team members and participants.

G. Permanency Planning

1. The judge ensures that concurrent goals are established and are transparent, and that concurrent planning is meaningfully implemented from the beginning of the case.
2. The judge does not discharge parents from Early Childhood Court. For those parents who are unable to be successfully reunified, the court proceeds with another permanency goal.

IV. Child-Parent Therapy

Participants receive child-parent therapy, such as the evidence-based intervention Child Parent Psychotherapy, based on an assessment of their treatment needs. Treatment providers are trained and supervised to deliver evidence-based treatment.

A. Assessment

1. An infant mental health specialist conducts an in-depth clinical assessment of the parent, the child, and the attachment relationship, which informs the case plan and treatment plan. From this assessment, primary treatment modalities are recommended to the court.

B. Evidence-Based Treatment

1. Providers administer treatment that has been demonstrated to improve outcomes for families involved in the child welfare system.

C. Provider Training and Credentials

1. Providers of child-parent therapy are skilled clinicians, knowledgeable in early childhood development, skilled in clinical assessment of the parent/child relationship, and intensively trained in the evidence-based treatment program.
2. Providers have reflective supervision and/or other case consultation support to ensure continuous fidelity to evidence-based practices.

D. Treatment Intensity and Duration

1. Treatment intensity and duration follows the evidence-based treatment model.
2. Treatment progress and challenges are frequently communicated to the parent(s) and the rest of the team who work collaboratively to facilitate permanency for the child. Relapse or backsliding challenges are openly discussed.
3. Families with positive urinalysis or ongoing domestic violence or substance abuse issues will continue to receive services until such time that the core team has determined that a higher level of care is required to address a parent's issues, or there needs to be a change in the permanency plan.

V. Additional Treatment and Social Services

Participants receive additional treatment and social services necessary to address co-occurring disorders and other needs of the family to ensure case plan compliance and successful permanency.

A. Assessment

1. Children in Early Childhood Court receive developmental assessments by professionals experienced in early childhood development and trauma.
2. Using the developmental assessments and the information from the assessments provided by the infant mental health specialist, the multidisciplinary team makes recommendations for additional treatments and services.
3. The multidisciplinary team makes recommendations to the judge regarding the sequence and timing of the services.
4. Case plans for Early Childhood Court participants include a continuum of services meant to address the specific issues associated with child risk that are identified from the comprehensive assessment.

B. Substance Abuse and Mental Health Treatment

1. Substance abuse and mental health treatment is administered using an evidence-based treatment model.
2. Substance abuse and mental health providers are licensed or certified to deliver substance abuse and mental health treatment services and have received trauma-informed training.
3. Providers have reflective supervision and/or other case consultation support to ensure continuous fidelity to evidence-based practices.

C. Additional Supports and Services

1. Early Childhood Courts have a continuum of additional supports and services available, including but not limited to: transportation, housing assistance, medical and dental treatment, and vocational and educational programs.
2. Parenting reflection models of parent education, such as Circle of Security, are used to help parents improve their parenting capacity and identify how their life experiences have influenced their parenting practices.
3. Foster parents and caregivers practice co-parenting with the participants.

D. Case Management

1. The community-based care case manager coordinates all treatment services and supports.

E. Post-Reunification Treatment, Supports, and Services

1. The infant mental health specialist and other providers make recommendations for post-reunification supports such as: parent partners or peer support groups, home visiting, ongoing counseling, Head Start, or other quality early childhood programs.

2. The community-based care case manager and the community coordinator continue to serve as a liaison between families, resources, providers, and communities to navigate a collective process to meet the postreunification needs of families.

VI. Family Time

Early Childhood Court judges and multidisciplinary team members ensure individualized, frequent, and meaningful contact between parents and children.

A. Adherence to Family Time Protocols

1. Since frequent and meaningful family time can enhance the child-parent relationship, as well as expedite permanency, Early Childhood Court judges and members of the multidisciplinary team follow the recommendations in the [Family Time Protocols section](#) of [Florida's Dependency Benchbook](#) in all Early Childhood Court cases.

VII. Multidisciplinary Team

A multidisciplinary team participates in the operation of the Early Childhood Court, reviews participants' progress, provides observations, and makes recommendations. The multidisciplinary team also delivers legal, treatment, and case management services.

A. Team Composition

1. The multidisciplinary Early Childhood Court team includes but is not limited to: the parent(s) and out-of-home caregivers, a judge or magistrate, the community coordinator, the infant mental health specialist, attorneys, guardian ad litem representatives, dependency case manager, and other service providers serving the individualized needs of the families.
2. The team is supported by a larger coalition of stakeholders from concerned agencies that commits to make system changes on behalf of young children in the broader community.

B. Community Coordinator

1. The community coordinator has full access to all information concerning Early Childhood Court cases to help understand the complex needs and strengths of the families and the children and to utilize in working with the team to create effective case plans.
2. The community coordinator leads the family team meetings.
3. The community coordinator acts as a liaison between the judge and other multidisciplinary team members and facilitates coordination and collaboration among community stakeholders to generate systemic change.

C. Family Team Meetings

1. Family team meetings include all team members except the judge/magistrate and occur monthly.
2. Family team meetings address concurrent planning to ensure that the child reaches a permanent home without delays.
3. Team members work together to ensure placement stability and monitor transitions in the event of placement changes.
4. The team assesses participants' progress in treatment and compliance with case plans and considers additional family needs.
5. Recommended changes to the case plan are made with input from all of the team members.

D. Team Communication and Decision-Making

1. Team members share information in order to make informed decisions and recommendations to the court.
2. Partner agencies execute memoranda of understanding (MOUs) specifying what information will be shared among team members.

3. Participants provide voluntary and informed consent permitting team members to share specified information.

E. Status Hearings

1. Team members attend monthly status hearings on a consistent basis.
2. During the status hearings, team members contribute relevant information and recommendations when requested by the judge or as necessary to improve outcomes or to protect parties' legal interests.
3. Because an Early Childhood Court status hearing is a non-statutory hearing, all issues to be considered at the hearing, including but not limited to: visitation, sibling contact, services to parents, reunification, case plan amendments, and goal changes, must be raised explicitly in the notice of hearing sent to the parties unless notice is waived by the parties.

F. Team Training

1. Team members are trained in Early Childhood Court best practices prior to working in an Early Childhood Court and receive continuing education on an annual basis.
2. Team members receive training regarding trauma-informed care, adverse childhood experiences, and the impact of trauma.

VIII. Caseloads

The Early Childhood Court serves as many eligible individuals as practicable while maintaining continuous fidelity to the best practice standards.

A. Caseloads

1. The Early Childhood Court does not impose arbitrary restrictions on the number of participants it serves.
2. The caseload is predicated on local need, obtainable resources, and the program's ability to apply best practices.
3. When the caseload reaches over 20 families per coordinator, program operations are monitored carefully to ensure they remain consistent with best practice standards.
4. Clinical caseloads are in adherence with best practice standards in the ability to deliver the evidence-based interventions with fidelity and competence.

IX. Monitoring and Evaluation

The Early Childhood Court routinely monitors its adherence to best practice standards and employs scientifically valid and reliable procedures to evaluate its effectiveness.

A. Adherence to Best Practices

1. The Early Childhood Court employs continuous quality improvement in that it monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions.
2. Outcome evaluations describe the effectiveness of the Early Childhood Court in the context of its adherence to best practices.

B. Program Monitoring

1. The community coordinator enters programmatic and service-related data into the Early Childhood Court Tracking System for the purposes of case management and program evaluation.
2. Monthly data reviews are conducted to measure permanency, safety, and well-being outcomes for Early Childhood Court children. These data reviews include rates of re-removal and timelines to reunification, adoption, and permanent guardianship.

C. Independent Evaluations

1. A skilled and independent evaluator examines the Early Childhood Court's adherence to best practices and participant outcomes at least every five years.
2. The Early Childhood Court develops a remedial action plan and timetable to implement appropriate recommendations from the evaluator.

D. Disadvantaged Groups

1. The Early Childhood Court continually monitors admission rates, services delivered, and outcomes achieved for members of disadvantaged groups who are represented in the Early Childhood Court program.

E. Comparison Groups

1. Outcomes for Early Childhood Court participants are compared to those of an unbiased and equivalent comparison group.
2. Individuals in the comparison group satisfy eligibility criteria for participation in the Early Childhood Court, but did not enter the Early Childhood Court for reasons having no relationship to their outcome.